

SULPHONAMIDE TREATMENT OF GONORRHOEA

took place in some of the cases. All three reports are in agreement that serious toxic effects do not occur. Regular blood picture studies in the series reported by Guy, Goldmann and Gannon failed to reveal any untoward effects. Nausea was a frequent complaint although vomiting appeared rare.

The effect of this compound on the positive serology is judged by various tests including Wassermann (Kolmer technique), Kahn and Hinton reactions. Kampmeier and Henning found eighty-six per cent of their primary cases were serologically negative at about the twelfth week of treatment. In the secondary stage cases this reversal was noted in seventy-five per cent at the end of the same period. All three reports deal with short period observation and sum up in a general agreement that this compound is of considerable value in syphilis but that long period observation is desirable.

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STRICTURE FORMATION TWO YEARS AFTER SULPHONAMIDE TREATMENT OF GONORRHOEA

M10845, male, aged 27, reported on the 20th April, 1943. The only history of previous venereal disease admitted was that two years ago he had suffered from an uncomplicated gonorrhoea, of four days' duration, following exposure fourteen days previously. He had received oral sulphonamides (four grammes daily for nine days) without concomitant local treatment. The discharge ceased in a day or two, and did not recur; he remained under observation subsequently for about six weeks.

During the past four months he had noticed progressive difficulty in commencing micturition, diminution in the size of the stream and increasing frequency. For the past four weeks urgency of micturition, terminal dribbling and a deep pain in the perineum had occurred.

On examination there was a slight mucoid urethral discharge, the urine was clear, the first portion only containing a few mucoid threads. The prostate was normal. Urethral and prostatic smears showed a small number of pus cells. No gonococci were detected. The blood Wassermann reaction and gonococcal complement fixation test were negative.

Urethroscopy revealed a bridle stricture on the floor of the bulbous urethra approximately half an inch distal to the triangular ligament. The stricture admitted a size 4 F. gum-elastic bougie with difficulty. Dilatation was uneventful. The perineal pain and the other symptoms were immediately relieved.

The interest of this case lies in the fact that a submucous infiltration leading to stricture formation may occur despite the apparently successful chemotherapy of an early gonorrhoea. It also emphasizes the necessity for the inclusion of a competent urethroscopy in the tests of cure.

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